08583

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 19

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cemetery Lane

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
STREET ADDRESS (If rural, give location): Cemetery Lane

3. NAME OF DECEASED (Type or Print): (First) AUGUST (Middle) FREDERICK (Last) AFFELDT

4. DATE OF DEATH: (Month) 8 (Day) 26 (Year) 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower

8. DATE OF BIRTH: 8-9-1866

9. AGE last birthday: 86 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm work

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Edward Affeldt, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic cardiovascular renal disease with hypertension — Interval between onset and death: 20 years

442X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c) Cerebral hemorrhage — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/19, 1947, to 8/26, 1952, that I last saw the deceased alive on 8/24, 1952, and that death occurred at 905 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Charles S. Whitaker, M.D.
ADDRESS: Clarksville, Md.
DATE SIGNED: 8/27/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 8-29-52
NAME OF CEMETERY OR CREMATORY: St. Johns Lutheran
LOCATION (City, town, or county) (State): Pfieffers Corner, Md.

DATE REC'D BY LOCAL REG.: Aug. 27, 1952
REGISTRAR'S SIGNATURE: John B. Laughman. Pro. B.E.L.S.

24. FUNERAL DIRECTOR / ADDRESS: F.C. Higinbothom, Ellicott City, Md.

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SEP 2 1952
BUREAU V. S.

08584

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 195

M

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Rural
LENGTH OF STAY (in this place) 56 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS High Ridge

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Rural
STREET ADDRESS (If rural, give location) High Ridge

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Arthur (Last) Brown

4. DATE OF DEATH: (Month) August (Day) 2 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: March 22, 1896
9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Laurel Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Randolph Brown
14. MOTHER'S MAIDEN NAME: Ida Geneva Ball

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ——
16. SOCIAL SECURITY NO.: 214-03-6451
17. INFORMANT & ADDRESS: Mrs. Evert Blair, 102 A Baker Village, Columbus, Georgia

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 42114

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Acute Cardiac Dilatation	1 hr.
	DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b)	Cer. Endocarditis	10 yr.
	DUE TO		
	(c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ..... 19 ..., to 8/2 ..., 1952 that I last saw the deceased alive on ....., 19 ..., and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE B P Warren MD (DEGREE OR TITLE) ADDRESS Laurel Md DATE SIGNED 8/2/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Aug 5, 1952
NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery
LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. 8/4/52
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR De Witt Donaldson ADDRESS Laurel Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-41

1

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AUG 8 1952
BUREAU V. S.

08585

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffers Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Columbia Road

3. NAME OF DECEASED (Type or Print) (First) NORA (Middle) FREEZE (Last) COLLIFLOWER

4. DATE OF DEATH (Month) (Day) (Year) 19 8-29-52

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH 5-28-1873

9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Thurmont, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Jacob Freeze

14. MOTHER'S MAIDEN NAME Dellas Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Mrs. John Ditch, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic vascular disease — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

4221 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 29, 1952, that I last saw the deceased alive on Aug 29, 1952, and that death occurred at 8 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Ellicott City Md 9/2/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-2-52

NAME OF CEMETERY OR CREMATORY Rose Hill

LOCATION (City, town, or county) (State) Hagerstown, Md.

DATE REC'D BY LOCAL REG. 9/2/52

REGISTRAR'S SIGNATURE John B. Loughran Pu. B.E.D.

24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
SEP 8 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

08586

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural); LENGTH OF STAY (in this place) 84 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City (Rural); STREET ADDRESS (If rural, give location) Waterloo Road

3. NAME OF DECEASED (Type or Print): (First) LOUISA (Middle) E. (Last) CURTIS

4. DATE OF DEATH: (Month) (Day) (Year) 8-23-1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 12-27-1862

9. AGE last birthday: 89 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Miller

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: J. Raymond Curtis, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chr. Myocarditis	3 yrs.
422.1 Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteris-sclerosis	3 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 yr.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 3rd, 1952 to Aug. 23rd, 1952, that I last saw the deceased alive on Aug. 22nd, 1952, and that death occurred at 10-A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D. Savage, Md. 8/23/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 8-25-52 | NAME OF CEMETERY OR CREMATORY: Trinity Chapel | LOCATION (City, town, or county) (State): Pfieffers Corner, Md.

DATE REC'D BY LOCAL REG. 8/23/52 | REGISTRAR'S SIGNATURE: Frank Shipley | 24. FUNERAL DIRECTOR ADDRESS: F.C. Higinbothom, Ellicott City, Md.

VS. A15-T

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

08587

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH — COUNTY: HOWARD — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RR#2 Ellicott City Md. — LENGTH OF STAY (in this place): 1½ yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: MARYLAND — COUNTY: HOWARD
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RR#2 Ellicott City Md
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) (First) DANIEL (Middle) LINCOLN (Last) ELY
4. DATE OF DEATH (Month) AUG (Day) 18 (Year) 1952
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH: MAY 24 1865
9. AGE last birthday: 87 yrs. — If under 1 year: Months 2, Days 24 — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MANAGER Gasoline & Oil
10b. KIND OF BUSINESS OR INDUSTRY: Gasoline Distrib.
11. BIRTHPLACE (State or foreign country): FAYETTEVILLE PENNA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: DANIEL ELY
14. MOTHER'S MAIDEN NAME: MARTHA Combs.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 218-10-7268
17. INFORMANT AND ADDRESS: Naomi R. Hershey RR#2 Ellicott City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

422.1 Immediate cause (a) Cardiovascular Disease due to
Antecedent cause(s) (b) Arteriosclerosis — ?
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to Aug. 18, 1952, that I last saw the deceased alive on Aug 17, 1952, and that death occurred at 5 A m., from the causes and on the date stated above.
SIGNATURE (Degree or title): Jean A. Kochman M.D. — ADDRESS: Ellicott City Md — DATE SIGNED: 8/18/52

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL — DATE THEREOF: Aug 21 1952 — NAME OF CEMETERY OR CREMATORY: REST HAVEN — LOCATION (City, town, or county) (State): HAGERSTOWN MARYLAND
DATE REC'D BY LOCAL REG.: Aug. 20, 1952 — REGISTRAR'S SIGNATURE: John B. Loughran — 24. FUNERAL DIRECTOR: C M Suter & Sons — ADDRESS: HAGERSTOWN Md.

Aug. 28, 1952 Per. B.E.L.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
SEP 2, 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]8

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Highridge
LENGTH OF STAY (in this place) 55 yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel, R 7 D

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R. F. D.
STREET ADDRESS (If rural give location) High Ridge, Near Laurel

3. NAME OF DECEASED: (Type or Print) (First) ANDREW (Middle) LEE (Last) GIBSON

4. DATE OF DEATH: (Month) August (Day) 18 (Year) 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	Col	Married	Feb 22 1897	55 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): General Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Ernest Gibson
14. MOTHER'S MAIDEN NAME: Lenina Matthews

15. WAS DECEASED EVER IN U S ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World War #1
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Liza Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral thrombosis — Interval Between Onset And Death: 5 min.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

33.2X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Right hemiplegia — 9 J.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15, 1952, to 8-18, 1952, that I last saw the deceased alive on 8-18, 1952 and that death occurred at 6:30 p.m., from the causes and on the date stated above.
SIGNATURE Wm. R. Rumage M.D. (Degree or title)
ADDRESS Laurel
DATE SIGNED 8-18-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 21/952
NAME OF CEMETERY OR CREMATORY U.S. National
LOCATION (City, town, or county) (State) Baltimore Md.
DATE REC'D BY LOCAL REGISTRAR 8/19/52
REGISTRAR'S SIGNATURE Frank Shipley.
24. FUNERAL DIRECTOR Ridgley Selby
ADDRESS 401 Wash ave Laurel Md.

VS. A15

RECEIVED
AUG 25 1952
BUREAU V. S.

08589

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Howard; STATE: MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lisbon (rural); LENGTH OF STAY (In this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Frederick Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible] Road Ellicott City; STREET ADDRESS (If rural, give location): Columbia Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HERMAN	AUGUST	GOERKE	8-6-52		19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	10-20-1908	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant	Beer Distributor	Germany	U S A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilhelm Goerke	Henrietta Jogerite

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No	212-03-3551	Mrs. H.A. Goerke, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary thrombosis occlusion	10 mins
Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b)	
(c)	

I20.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Road	Lisbon	Howard	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☐	HOW DID INJURY OCCUR?
Aug.	6	52	2:30 p.m.			

22. *I certify that I took charge of the remains described above, held an Autopsy ___, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes X, accident ___, suicide ___, homicide ___, undetermined ___.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Charles S. Whitaker, M.D.	acting deputy medical examiner	Clarksville, Md.	8/8/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-10-52	St. Johns	Ellicott City, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
8/9/52	C. Pearl Mercer	F.C. Higinbotham, Ellicott City, Md.

VS. A15

RECEIVED
AUG 2
BUREAU V.

Item 9 FilmG145 8/15/52 whw

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Waterloo
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Substation A State Police Barracks

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 212 - 13 Street, N. E.

3. NAME OF DECEASED (Type or Print) (First) FRANK (Middle) G. (Last) HUDSON
4. DATE OF DEATH (Month) August (Day) 7 (Year) 1952
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 15, 1913
9. AGE last birthday ~~37~~ 38 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Columbia, S. C.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME C. Frazier Hudson
14. MOTHER'S MAIDEN NAME Bessie M. Coleman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-10-4048
17. INFORMANT AND ADDRESS Helen Hudson, Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia due to hanging

9747

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Police Barracks
(CITY OR TOWN) (COUNTY) (STATE) Waterloo, Howard County, Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 8/7/52 1:35 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Hanged self with belt

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE William [illegible] (Degree or title) ADDRESS Baltimore, Maryland DATE SIGNED August 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 8/9/1952
NAME OF CEMETERY OR CREMATORY [illegible]
LOCATION (City, town, or county) (State) [illegible]
DATE REC'D BY LOCAL REG. 8/7/52
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH COUNTY ~~Baltimore~~ HOWARD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural (nr. Ellicott City) LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shaffer Con. Rt. Montgomery Rd.	STREET ADDRESS (If rural, give location) 723 E. 21st St.

3. NAME OF DECEASED (Type or Print) (First) MARTIN (Middle) KENNEDY (Last)				4. DATE OF DEATH (Month) Aug (Day) 6 (Year) 1952 19	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single	8. DATE OF BIRTH Sept 8 1908	9. AGE last birthday 43 yrs.	If under 1 year Months / Days; If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10b. KIND OF BUSINESS OR INDUSTRY Beer Distrib.	11. BIRTHPLACE (State or foreign country) Baltimore	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Martin Kennedy			14. MOTHER'S MAIDEN NAME Mary Ann Kenny		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) 1924-32		16. SOCIAL SECURITY No. 215-03-7245	17. INFORMANT Anne Ostrowski 6008 Henderson AVE		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart failure month — 7 days

415X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rheumatic C V Disease — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 1, 1952, to Aug 6, 1952, that I last saw the deceased alive on Aug 6, 1952, and that death occurred at 2:30 P m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) ADDRESS [signature] DATE SIGNED 8/8/52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/11/52	Baltimore National Cem	Baltimore Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-11-52	A. M. Hedrick	CHARLES F. EVANS & SON	118 W. Mt. Royal Ave.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A151

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 47

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.F.D. 2, Columbia Pike

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) R. F. D. 2, Columbia Pike

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Rose Elizabeth Koerber

4. DATE OF DEATH (Month) (Day) (Year): August 15, 1952

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: Oct. 1, 1897
9. AGE last birthday: 54 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baltimore City
12. CITIZEN OF WHAT COUNTRY? S.

13. FATHER'S NAME: George J. Stimely
14. MOTHER'S MAIDEN NAME: Laura Pasquay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs. James Adams - 3725 Macomb St., N.W. Wash., D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremic Coma (Nephritis)

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Renal Calculus & Pyelonephritis

(c) Haemoplegia

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple Sclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1952, to Aug 15, 1952, that I last saw the deceased alive on Aug 14, 1952, and that death occurred at 5.45 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] 8-15-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: Aug. 18, 1952
NAME OF CEMETERY OR CREMATORY: Parkwood Cem.
LOCATION (City, town, or county) (State): Baltimore Co., Md.

DATE REC'D BY LOCAL REG.: 5-16
REGISTRAR'S SIGNATURE: [signature]

24. FUNERAL DIRECTOR: J. Frank Joy ADDRESS: 5406 Illimois Ave. N. W. Washington, D. C.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Millers Island
STREET ADDRESS (If rural, give location) Third Street

3. NAME OF DECEASED: (Type or Print) (First) LUTIE (Middle) PEARL (Last) SHAMER

4. DATE OF DEATH: (Month) Aug. (Day) 10, (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow

8. DATE OF BIRTH: Dec.9,1883

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Carroll County, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Hamilton S. Gill

14. MOTHER'S MAIDEN NAME: Emily Kelbaugh

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs. Margaret Madison, Millers Island, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

4200

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

DUE TO

Antecedent cause(s) (b) Arteriosclerotic Heart Disease — Unknown

Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO

(c) Hypertensive Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 10, 1952 to Aug 10, 1952, that I last saw the deceased alive on ..... 19..., and that death occurred at 11:30P m., from the causes and on the date stated above.

SIGNATURE OK by Dr Shipley (DEGREE OR TITLE) ADDRESS DATE SIGNED

A Bradley Daugharthy M.D. 1264 Francis Ave Halethorpe Md 8.11.52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF 8/13/52

NAME OF CEMETERY OR CREMATORY Finksburg

LOCATION (City, town, or county) (State) Finksburg, Md.

DATE REC'D BY LOCAL REG. 8/14/52

REGISTRAR'S SIGNATURE A W Hedrick

24a. FUNERAL DIRECTOR Wm Cook Inc

ADDRESS 1214 St Paul St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

08593

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt. 1 ¼ mile north of Waterloo Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups (rural)
STREET ADDRESS (If rural, give location) Guilford

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) VERTEY VIRGIE SMITH

4. DATE OF DEATH (Month) (Day) (Year) Aug. 30th 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH 1891

9. AGE last birthday 61 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic

10b. KIND OF BUSINESS OR INDUSTRY Day Work

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William Smith

14. MOTHER'S MAIDEN NAME ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Benj. Barber, Ellicott City, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Third Degree Burns of Face + chest. Compound fracture of rt arm + crushed rt. chest

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

INTERVAL BETWEEN ONSET AND DEATH: Inst.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg. etc.) Public Rd. (CITY OR TOWN) near Jessup (COUNTY) Howard Co. (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hours) Aug. 30-1952 9:45 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Auto-Truck accident

22. I certify that I took charge of the remains described above, held an Autopsy ☐ Inspection ✓ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

SIGNATURE (Degree or title) Mark Shipley, M.D. ADDRESS Acting Deputy Medical for Howard Co. Savage, Md. DATE SIGNED 8/30/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 9-3-52

NAME OF CEMETERY OR CREMATORY Locust Chapel

LOCATION (City, town, or county) (State) Atholton, Md.

DATE REC'D BY LOCAL REG. Sept. 2, 1952

REGISTRAR'S SIGNATURE Miss E. Bird Williams

24. FUNERAL DIRECTOR F. C? Higinbothom, Ellicott City, Md ADDRESS

RECEIVED
SEP
BUREAU V. S.

08594

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge, 27,
LENGTH OF STAY (in this place) 30 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Landing Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge, 27,
STREET ADDRESS (If rural, give location) Landing Road

3. NAME OF DECEASED (Type or Print) (First) MAUDE (Middle) MYRTLE (Last) WILDERSON
4. DATE OF DEATH (Month) August (Day) 25 (Year) 1952.
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH June 13, 1881.
9. AGE last birthday 71 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Finksburg, Maryland.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Buchannan Ford
14. MOTHER'S MAIDEN NAME Virginia Eberg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Horace B. Wilderson, Elkridge 27, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary artery disease	
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Hypertensive CVD	? yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroidism — 6 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to August 25, 1952, that I last saw the deceased alive on August 19, 1952, and that death occurred at 5 45 p.m., from the causes and on the date stated above.

SIGNATURE Herbert A. Levickas (Degree or title) M.D. ADDRESS 5305 East Drive (27) DATE SIGNED August 26, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF August 28, 1952
NAME OF CEMETERY OR CREMATORY Providence Cemetery
LOCATION (City, town, or county) (State) Gamber, Maryland.

DATE REC'D BY LOCAL REG. Aug. 26, 1952
REGISTRAR'S SIGNATURE (Miss) E. Bud William
24. FUNERAL DIRECTOR Easton Sons, Catonsville 28, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1952
BUREAU V. S.

08595

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Marriottsville (rural) LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Rt.99 ½ mile south of Marriottsville Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1349 N.Fremont Ave.

3. NAME OF DECEASED (Type or Print) (First) DENNIS (Middle) R (Last) WILLIAMS
4. DATE OF DEATH (Month) 8-16-42 (Day) 52 (Year) 19

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 12-22-1918
9. AGE last birthday 33 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Baugh Chem. Co.
11. BIRTHPLACE (State or foreign country) North Carolina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Calvin Williams
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY No. 212-14-2280
17. INFORMANT AND ADDRESS Irene Williams (Wife) Same

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Severe crushing injury of skull — Instant

8224

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Rt. 99 (CITY OR TOWN) Marriottsville (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) Aug (Day) 16 (Year) 52 (Hour) 10:15 A.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? automobile overturned on highway

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles S. Whitaker M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED 8/16/52

Acting Deputy Medical Examiner for Howard County

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF 8-20-52
NAME OF CEMETERY OR CREMATORY Fayetteville N.C.
LOCATION (City, town, or county) N.C. (State)

DATE REC'D BY LOCAL REG. 8/18/52
REGISTRAR'S SIGNATURE Geo. Hedrick Dep R
24. FUNERAL DIRECTOR George G. Kelson ADDRESS 1303 Pressman St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A